



Drainage Management Structures - Maintenance

Producer Name: _____

Checklist	Completed
Drainage Management Plan submitted to SWCD	
Operation and maintenance performed according to management plan	
Management records submitted to SWCD	

Crop Year: _____

Structures: _____

I hereby state that I have completed this verification form accurately to the best of my knowledge and have provided supporting documentation to show that all items above have been completed. I understand the terms and conditions contained herein and have authority to sign this verification.

Producer Initial

Date

For Office Use

SWCD Notes
